

Excursion and Physical Activities Information for Parents: The Tops Camp

Year 5

Dear Parents and Carers,

The following details relate to an educational excursion to **The Tops Camp** which is being organised for **Year 5 students**. **Please note: this camp has been capped at 105 students. Please return permission notes as soon as possible to secure your child's spot.**

Dates: Wednesday, 24 July 2024 – Friday, 26 July 2024 (Term 3 Week 1)

Time: Students to arrive at school by **8:00am** for departure at 8:30am, upper courts on Horse Park Drive.

Departing 8:30am Wednesday, 24 July 2024 and **Returning approximate 4:30pm** Friday, 26 July 2024. Please see attached Itinerary for more details about Friday's activities.

Parents will be notified via text of return time.

Purpose of physical activity and excursion: Students will have the opportunity to participate in fun activities and challenges related to teamwork, independence, and resilience.

Medical and health information

- All students need to return a *Medical Information and Consent form* to go on camp. There is one included in this pack of parent information. If your child has a known medical condition, please request a *Known Medical Condition Response Plan* form from the Front Office.

Medication:

If your child requires **any prescribed medication or over the counter medication (ie. Hay fever, Pain relief)** during the school day or overnight/morning, please ask for and complete the ***Medication Authorisation and Administration Record*** from the Front Office.

The *Medication Authorisation and Administration Record* requires the authorisation and signature of your GP/medical practitioner, please ensure that this is completed in a timely manner to meet the Friday, **14 June 2024**, Week 7 Term 2 timeframe for the permission note and forms to be returned.

Activities:

- Cart racing
- Vertical cluster
- Giant swing
- Leap of Faith
- Survivor (non-water)
- Abseiling
- Bottle Rockets (group game)
- Night activities (disco, movie)

- Visit to Ranger Jamie Beach Program (non-swimming) – Friday 26 July (coach transport)
- Visit to Symbio Wildlife Park – coach transport

Accommodation details:

The Tops Conference Centre

51 Bendena Gardens

Stanwell Tops, NSW, 2508.

Phone: 1800 816 496

Email: enquiries@thetops.com.au

Transport: Coach Transport – air conditioned, seat belt equipped.

Group Size: Maximum 105 Students **Please note: this camp has been capped at 105 students. Please return permission notes as soon as possible to secure your child's spot.**

Teacher in Charge: Rebecca Tobler

Additional Adults:

- Rebecca Tobler
- Angela Thomas
- Steph Booksmythe
- James Westwood
- Jack Edwards
- Jeremy Saleh
- Taylor Woodward
- LSA (TBC)

Cost: \$425.00

You may choose to pay the full amount or pay in smaller instalments.

No cash payments, Sentral Pay by EziDebit, Quickweb and Credit card (In person) are the only forms of payment accepted.

The school has made every effort to keep cost for this excursion at a minimum level. Please note that once the booking has been confirmed with the provider, the school is unable to provide refunds if your child did not partake in the experience.

If necessary, parents or students can confidentially discuss support to meet the cost of the excursion with the Principal. Please contact the front office if you would like to speak with the Principal.

Permission Note and Payment Slip to Amaroo School front office by: Friday, 14 June 2024

Please note that you can make smaller instalments leading up to this date.

Please complete **all** notes attached.

Excursion Risk Assessment: Available at the front office

Contingency: In the event of an activity not being available the venue will do its best to substitute with a similar activity/experience in line with our department policies and requirements.

In the event enlisted staff are unable attend, the school will replace the staff member with another suitable member.

If your child does not attend the excursion, an alternative timetable will be organised for them during the three days at Amaroo School.

Behavioural expectations: Students are expected to demonstrate our school PBL Behaviour Expectations of being a Safe, Respectful and Responsible Learner at all times.

Packing list and Additional Information:

● **Morning Tea, Lunch and Afternoon Tea on Day 1**

- Hat and Beanie
- Sleeping bag or sheets (linen)
- Pillowcase and Pillow
- Towel
- Refillable water bottle
- Pyjamas
- 3 plus pairs of underwear and socks
- 3 plus shirts (sun-safe and appropriate for cooler weather)
- 3 pairs of shorts, leggings or other appropriate bottoms (appropriate for outdoor activities and cooler weather)
- Jumper and tracksuit pants
- Set of old clothes that can get muddy and dirty – type of OLD that means they are able to be thrown out if necessary
- Wind proof jacket (for cooler weather)
- Small backpack for drink bottle/snacks
- At least two pairs of shoes – comfortable shoes joggers/runners (as one pair will get wet and muddy during outdoor activities)
- Thongs/Slides for showers
- Toiletries
 - toothbrush
 - toothpaste
 - soap in a plastic soap container
 - shampoo and conditioner (optional)
 - hairbrush
 - deodorant – roll on only
 - Sunscreen
 - two good no leak bag plastic bags for wet/dirty clothes and towels

STRICTLY NO PERSONAL ELECTRONIC DEVICES

This includes Phone, Tablets (Ipad), Air pods, Smart Watch

Staff accompanying students on excursions will take all reasonable care while the students are in their charge to protect them from injury and to control and supervise their behaviour and activities.

Staff leading/Supervising Physical Activities will take all reasonable care while the students are in their charge to protect them from injury and to control and supervise their behaviour and activities.

Parents should be aware that staff members are not responsible for injuries or damage to property which may occur on an excursion where, in all circumstances, staff have not been negligent. Parents should warn children of the risk to themselves, to others and to property, of impulsive, wilful or disobedient behaviour.

Kind Regards,

Rebecca Tobler.

Deputy Principal (Years 4-6)

Itinerary – The Tops Camp (Year 5)

Wednesday, 24 July 2024

8:00am Students and coaches to arrive at school for an 8.30am departure.
10:30am Comfort stop at Berrima Park
Morning tea (all students to provide own)
11:00am Coaches to depart for the Tops Conference Centre, Stanwell Tops
12:30pm Tops Conference Centre
Settle In & Lunch (provided)
Activity 1
Dinner (provided)
Free time use basketball courts, play volleyball or indoor meeting spaces.
7:00pm The Tops run Night activity (teacher supervised) Supper.

Thursday, 25 July 2024

Breakfast (provided)
Morning Tea (provided)
Activity 2
Tba Lunch (provided)
Activity 3
Tba Afternoon Tea (provided)
Activity 4
Free time use basketball courts, play volleyball or indoor meeting spaces.
Dinner (provided)
7:00pm The Tops run Night activity (teacher supervised) Supper.

Friday, 26 July 2024

6:00am Rise & Shine / Tidy Up & Pack Bags
7:00am Breakfast (provided)
Collect Lunch & afternoon tea packs
8:30am Pack Coaches and depart for Stanwell Tops Nature Reserve
8:45am Ranger Jamie and Friends – Students will use dip-nets on long-handed poles to catch water-dwelling critters and examine the different species which live in the local environment. Taking samples and catch bugs from different areas before making their very own beach habitat. Students get to use their creative side as they work together in small teams on the beach to create an animal home.
10:15am Coach to depart for Symbio Wildlife Park
10:30am Ranger Jamie and Friends – Guided Program at Symbio
Students will have the opportunity to feed the animals with their own feeding bag.
12:30pm Lunch (pack provided)
12:45pm Coaches to depart for school
4:30pm Approx. arrival at school

This is a draft itinerary. Times may vary and are an approximate only.

Instructions

This form must be completed by the parent/carer of each student in an ACT public school. The form is used to request general medical information about students and provides for parents/carers to consent to first aid treatment for their child/ren in line with the directorate's First Aid Policy and First Aid General Procedures. This form must be completed annually. Parents/carers must inform the school immediately if there are any changes to the information provided within the form.

Section A – Personal Details (please fill in clearly)					
Student's Name			Date of Birth		
Gender M <input type="checkbox"/> F <input type="checkbox"/> Non-binary <input type="checkbox"/> I/They use different term (please specify) <input type="checkbox"/> Prefer not to say <input type="checkbox"/>					
School			School Year		
Parent/Carer Name			Address		
Telephone Contact		Mobile	Home	Business	
Emergency Contact 1			Telephone		
Emergency Contact 2			Telephone		
Name of Qualified Health Professional			Telephone		

Section B – Medical Information					
Please tick if your child suffers any of the following:					
<input type="checkbox"/> Allergies	<input type="checkbox"/> Blood Pressure	<input type="checkbox"/> Epilepsy*	<input type="checkbox"/> Hay Fever	<input type="checkbox"/> Nose Bleeds	
<input type="checkbox"/> Anaphylaxis*	<input type="checkbox"/> Diabetes*	<input type="checkbox"/> Fainting	<input type="checkbox"/> Headaches	<input type="checkbox"/> Reaction to Drugs	
<input type="checkbox"/> Asthma*	<input type="checkbox"/> Eczema	<input type="checkbox"/> Fits or blackouts	<input type="checkbox"/> Heart Condition	<input type="checkbox"/> Sight/Hearing Problems	
*Please complete and attach a <i>Known Medical Condition Response Plan</i>				<input type="checkbox"/> Sun Screen Sensitivity	
<input type="checkbox"/> Other (please specify)					

Please identify whether your child is presently taking any medication:		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, the parent/career must give written permission and direction for the administration of any medication at school or during school related activities, as follows:			
<ul style="list-style-type: none"> For a short term, non-ongoing medical condition (e.g. antibiotics for a period of 10 days) please complete the <i>Medication Authorisation and Administration Record</i> and provide qualified medical professional's authorisation (a copy of the medical prescription is sufficient in the case of short term administration of medication). For long term, ongoing administration of prescribed medication complete the <i>Medical Information and Consent Form</i>, the <i>Known Medical Condition Response Plan</i> and the <i>Medication Authorisation and Administration Record</i>. 			

Date of last tetanus injection	
Are you aware of any physical or psychological limitations of your child (please specify)?	
Is there any other information which you believe may be relevant to the general medical/health care of your child?	

Section C – Parent/Carer Authorisation	
<p>1. In the case of my child requiring medical treatment or in the case of a medical emergency, including an anaphylaxis or asthma emergency, I consent to:</p> <ol style="list-style-type: none"> the provision of first aid; the provision of analgesics; treatment as outlined in the attached <i>Known Medical Condition Response Plan</i> (where relevant). 	
<p>2. I authorise the school, where it is impracticable to communicate with me, to arrange for my child to receive such medical or surgical treatment as may be deemed necessary.</p>	
<p>3. I undertake to pay any costs that may be incurred for the medical treatment, ambulance transportation and medications.</p>	
<p>NB: Parents/carers should note that in the absence of a <i>Known Medical Condition Response Plan</i>, in cases of emergency excepting anaphylaxis or asthma, only standard first aid will be administered. In an anaphylaxis or asthma emergency authorised medications; salbutamol (for the symptomatic treatment of asthma), and adrenaline (for the treatment of anaphylaxis) will be administered.</p>	
Parent/Carer Signature	Date

The Directorate collects the information contained in this form to provide or arrange first aid and other medical treatments for students. The information collected will be held at the student's school and will be made available to relevant school staff, including first aid officers, and to medical or paramedical staff in the case of an accident or emergency. The information contained in the form is personal information and it will be stored, used and disclosed in accordance with the requirements of the *Information Privacy Act 2014* and the *Health Records (Privacy and Access) Act 1997*.

Office Use Only			
Student Central ID	Entered into SAS	<input type="checkbox"/>	Date

Excursion and Physical Activities Permission Note for Parents: Year 5 Camp – The Tops

I give permission for my child _____ (full name) in year _____ to attend the Amaroo School Physical Activity excursion to **The Tops Camp** on **Wednesday, 24 July 2024 – Friday, 26 July 2024** travelling by **Bus** and other details as outlined in the Excursion and Physical Activities Information for Parents (including contingency plans).

I give permission for my child to participate in the following Physical activities:

Please note: If you select “No” for any physical activities your child will observe the activity only.

- | | | |
|---------------------------------|------------------------------|-----------------------------|
| Cart Racing | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Vertical Cluster | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Giant Swing | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Leap of Faith | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Survivor (non water) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Abseiling | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Bottle Rockets (group game) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Night activities (movie, games) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

I agree to my child participating in the Physical Activity/Activities mentioned previously. I have discussed with my child the need for expected behaviour. I authorise the school to make arrangements for the welfare of my child (including medical or surgical treatment) in an emergency and I agree to meet the associated costs. I have provided to the school all medical information relevant to my child.

I agree that my child will be under the authority of the school for the duration of the Physical Activity and that the school is authorised to return my child to school or home at my expense if the school considers that circumstances warrant such action. I give permission for my child to travel by private car, driven by a staff member or parent, in an emergency.

Will your child require **medication to be administered during the excursion** (e.g. allergy medication, pain relief)?

Yes No

If yes, please complete a **Medication Authorisation and Administration Record** (available through the front office).

Is there any additional information you need to provide to support your child's participation in this excursion?

Yes No

If yes, please provide these details

Does your child have any dietary requirements?

Yes No

If yes, please provide these details

Please provide the following information:

Medicare No (please include the Reference No. next to your child's name)	Private Health Fund:	Membership No
Ambulance Fund: Parents are responsible for ambulance costs outside the ACT.		

Name of Parent/Carer: (please print) _____

Contact Number: _____

Signature: _____ Date: _____

PAYMENT SLIP

I am paying the amount of \$ 425.00

Student Name: _____

Please note that Sentral Pay by Ezidebit (Preferred method), Quickweb and Credit Card are the only three forms of payment that can be accepted.

Sentral Pay by Ezidebit - **Payment made on** _____ (date)

Quickweb - **Payment made on** _____ (date) _____ (reference no.)
This is a Westpac online payment option accessed through the school website that makes a payment direct to the school's bank account. Payments can be made using a Visa or Mastercard for any school event or contribution. Please use the FEE CODE below and your child's Student Key as your reference. Student Key is usually the first 5 letters of the student's surname and the first letter of their first name.

Credit Card – Payments may be made in person at any time between 8.30am – 3pm at the office.

If you fill in this form, your personal information and that of your child will be collected and handled by the ACT Education Directorate (EDU) This information is necessary for us to manage student participation in excursions and support the welfare and safety of your child. If you do not consent to supply us with this information your child will be unable to participate in the excursion. Normally, we will not use or disclose this information for another purpose, without your consent, unless you would reasonably expect us to use or disclose the information for a related purpose. Normally we only share information with school staff and, where necessary, parents or volunteers assisting with the excursion to appropriately and effectively manage the excursion. The Directorate has a privacy policy that explains how we handle personal information, including how we handle privacy complaints. The policy is available on the Directorate's website (www.det.act.gov.au) on the About Us page.

Office Use Only:

NAME OF EXCURSION: The Tops Camp

FEECODE: 5Camp

ACCOUNT: 2310

CHANGES TO EXCURSION PAYMENTS

To protect personal privacy and to avoid students having to carry money, the school has changed the options available for payments including excursions. You will notice that future excursion notes will only have the option to pay by Sentral Pay by Ezidebit, Quickweb (which has a credit card payment option). Payments can also be made in person at the front office via credit card/ eftpos.